MEDICAL RECORD - DOCTOR'S ORDERS

For use of this form, see MEDCOM Circular 40-5

DIRECTIONS: The provider will DATE, TIME, and SIGN each order or set of orders recorded. Only one order is allowed per line. Nursing will list the time the new orders are noted and initial in the column provided. Orders completed during the shift in which they were written do not require recopying. They may be signed off, as completed, in the far right column.

ORDER NUMBER	DATE, TIME & SIGNATURE REQUIRED FOR EACH ORDER OR SET OF ORDERS		ORDER NOTED COMPLETED TIME & INITIALS		
	POST-ANESTHESIA CARE UNIT (PACU) STANDING ORDER SET (PEDIATRIC)				
1.	VS: Per recovery protocol (Kimbrough Ambulatory Care Center (KACC) SOP PC 6).				
	IV FLUIDS:				
2.	LR @ cc/hr. (4cc/kg for 1st 10kg; 2cc/kg for 2d 10 kg; 1cc/kg > 20kg.)				
_	PAIN MEDICATIONS:				
3.	MSO4: mg IVP q10 mins up to mg PRN pain.				
4.	Fentanyl: mcg IVP q10 mins up to mcg PRN pain.				
5.	Tylenol: mg per rectum x 1 PRN.				
6.	Tylenol: mg PO x 1 PRN pain.				
	ANTIEMETICS:				
7.	Zofran: mg IVP x 1 PRN for N/V. May repeat x 1 in 15 minutes.				
8.	Anzemet: mg IVP x 1 PRN for N/V. May repeat x 1 after 15 minutes.				
9.	Reglan: mg IVP x 1 PRN for N/V.				
	OXYGEN THERAPY:				
10.	Humidified oxygen blowby upon arrival to PACU.				
11.	Wean oxygen to maintain SaO2 ≥ 95%.				
	MISCELLANEOUS:				
12.	Call anesthesiologist or CRNA for SBP < or > ; DBP < or				
	DBP >; HR <or>; RR <or>;</or></or>				
	SaO2 < 95%.				
13.	Patient is ASA and [may] [may not] be discharged to the Same Day Surgery unit				
	when recovery criteria are met per protocol. (KACC SOP PC 6.)				
	DATE: TIME:				
	Anesthesia provider's signature:				
PATIENT IDENTIFICATION Complete the following inforchanges on subsequent pa				ge 1 only. Not	te any
		Diagnosis:			
		•			
		Height: Diet:			
		Allergies:			
		Nursing Unit	Room No.	Bed No.	Page No.